

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances, orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
RAYMOND J. LILLIE CARELLA, BYRNE, BAIN, GILFILLAN, GECCHI STEWART & OLSTEIN 6 BECKER FARM ROAD ROSELAND, NJ 07068-1739		INVENTOR'S NAME W. French Anderson Street Address 960 Winston Avenue City, State and ZIP Code San Marino, California 91108	
110 92C		CO-INVENTOR'S NAME Street Address City, State and ZIP Code Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP/ART UNIT	DATE MAILED
08/220, 175	03/30/94	014	9104	1804 03/07/94

First Name Applicant	ANDERSON	W. FRENCH
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TITLE OF INVENTION		ME THERAPY
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ATTY'S DOCKET NO	CLASS/SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
7101097	424-093.210	E19	UTILITY	NO	\$1170.00	12/07/94

Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents; OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Raymond J. Lillie Carella, Byrne, Bain, Gilfillan, Gecchi, Stewart & Olstein 6 Becker Farm Road Roseland, New Jersey 07068	Elliot M. Olstein Raymond J. Lillie 3

080 WC 10/04/94 08220175	DO NOT USE THIS SPACE	170.00 CK
080 WC 10/04/94 08220175	1 561	36.00 CK
080 WC 10/04/94 08220175	1 585	170.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print/copy)	6a. The following fees are enclosed: Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <input type="checkbox"/> (Minimum of 10)
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(1) NAME OF ASSIGNEE: United States Government as represented by the Secretary of the Department of Health and Human Services Washington, D.C. 20231	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <input type="checkbox"/> 03-0678 (ENCLOSED PART C)
(2) ADDRESS (CITY & STATE OR COUNTY)	Issue Fee <input type="checkbox"/> Advanced Order - # of Copies <input type="checkbox"/> (Minimum of 10)
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	Any Deficiencies in Enclosed Fees <input type="checkbox"/>

A <input type="checkbox"/> This application is NOT assigned. A <input type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. A <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
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PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Signature of party in interest of record) <input type="checkbox"/> (Date) <input type="checkbox"/> 9/22/94
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NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	78 OVER <input type="checkbox"/> 02/
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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

